

STATEWIDE WASTEWATER OPERATOR TRAINING CENTER  
STATE DEPARTMENT OF HEALTH  
HONOLULU, HAWAII

APPLICATION FOR CERTIFICATE OF ACHIEVEMENT

INSTRUCTIONS ON COMPLETING THIS FORM IS ATTACHED:

**SECTION A - GENERAL INFORMATION:**

\_\_\_\_\_  
(Please Print)      (Last)                              (First)                              (M.I.)

\_\_\_\_\_  
Street, Box Route

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

**SECTION B - QUALIFICATION FOR CERTIFICATE:**

I have completed all the courses required for the (check appropriate certificate):

\_\_\_\_ Certificate in Basic Wastewater Plant Operations

\_\_\_\_ Certificate in Advanced Wastewater Plant Operations

**SECTION C - COURSE REQUIREMENTS:**

CORE OF SAFETY COURSES

Nr.                              Title

106 - Hazard Communication (Right to Know Law)

114 - Confined Space Entry

First Aid & CPR

Electrical Lockout/Tag Out

Self Contained Breathing Apparatus (SCBA)

Fire Extinguishers

Hearing Protection

### **CERTIFICATE IN BASIC WASTEWATER PLANT OPERATIONS**

101 - Basic Wastewater  
103 - Plant Safety  
105 - Wastewater Mathematics  
108 - NPDES/UIC  
112 - State Regulations Affecting WTWs  
201 - Intermediate Activated Sludge  
205 - Equipment Operation  
208 - Pumps: Operation & Maintenance  
210 - Sludge Handling  
214 - Treatment Processes  
215 - Plant Sciences  
306 - Process Control Laboratory

### **CERTIFICATE IN ADVANCED WASTEWATER PLANT OPERATIONS**

<u>Nr.</u>	<u>Title</u>
212A	- Wastewater Management Skills Training Volume I
212B	- Wastewater Management Skills Training Volume II
301	- Advanced Activated Sludge
302	- Anaerobic Digestion
303	- Advanced Chlorination System
307	- Sludge Conditioning, Thickening and Dewatering
308	- Wastewater Stabilization Ponds
309	- Advanced Laboratory I
311	- Advanced Laboratory II

### **SECTION D - SIGNATURE:**

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I also consent to allowing the Training Center to investigate and verify this application for the purpose of determining my qualification for the requested certificate.

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(Signature)

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(Date)

**SECTION E - SUPERINTENDENT'S or COUNTY TRAINING COORDINATOR'S VERIFICATION:**

I have reviewed and hereby certify that the applicant has completed the required Core of Safety Courses listed under Section C.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SECTION F - FORWARD APPLICATION TO:**

Statewide Wastewater Operator Training Center, Administrator  
State Department of Health  
1350 Sand Island Parkway, Bldg. 3A  
Honolulu, Hawaii 96819

Date received	
Administrator's verification	
Remarks	